

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEF	IND	DEF	IND	DEF
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TOTAL IND.	2					
TOTAL DEF.	14					
TOTAL CLAIMS	16					

	IND		DEF		IND		DEF	
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